

**PAYROLL CHANGE FORM**

PLEASE CHECK PURPOSE OF THIS FORM

EFFECTIVE DATE  
OF CHANGE:

SIGNATURE \_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

\_\_\_\_ NAME CHANGE \_\_\_\_\_

(ATTACH COPY OF SOCIAL SECURITY CARD)

\_\_\_\_ CHANGE OF ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ TO CHANGE FEDERAL AND/OR STATE INCOME TAX DEDUCTIONS PLEASE COMPLETE  
AND ATTACH A FORM W-4 OR L-4. THESE FORMS ARE IN THE OFFICE AT YOUR SCHOOL.

\_\_\_\_ PLEASE CANCEL THE FOLLOWING PAYROLL DEDUCTIONS IF THEY ARE NOT IN THE  
SECTION 125 PLAN:

NAME OF COMPANY

AMOUNT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ OTHER CHANGES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ BANK MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_  
TO HAVE YOUR CHECK MAILED TO A BANK PLEASE ATTACH A VOIDED  
DEPOSIT SLIP AND ENTER THE ADDRESS TO WHICH THE CHECK WILL BE  
MAILED. CHECKS ARE MAILED ON THE 27<sup>TH</sup> OF EACH MONTH.

**REQUEST FOR PAYROLL CHANGES MUST BE RECEIVED NO LATER THAN  
THE 10<sup>th</sup> OF EACH MONTH.**